



Morpheus Life Sciences Private Limited

606, Dev Plaza, 6th Floor, 68 S. V. Road, Opp. Shopper Stop, Andheri (W), Mumbai – 400 058.

Tel. : 022-4203 0900 * FAX : 022-4203 0901

Ethics Policy

(Based on the discussion on the ethical issues in clinical practice of ART on 23/09/2013)

The practice of ART would be guided by the ICMR Guidelines and Rules. Additional requirements from an ethical viewpoint of Morpheus Life Sciences Pvt Ltd can be added anytime, when appropriate.

1. Treatment of Couples

- a. The upper Age limit for the female partner of the couple to offer ART services would be forty-nine (49) years. Core fertility specialist should ensure that a treatment cycle would be completed before the patient completes forty-nine years of age.
- b. All Oocytes retrieved from a patient would be fertilized for that patient. Patients Oocytes would not be used for Donor purpose (as donor Oocytes) .

2. Third party embryos

- a. For a couple desiring embryo donation cycles, the indication would be compromised quality/ quantity of both male and female gametes of the couple. The egg would be sourced from a anonymous voluntary oocyte donor and the sperm from a registered ART bank
- b. Third party Embryos to be created by stimulating a fresh Oocyte donor and using single donor semen sample. Such Embryos would be used only for the commissioning couple and cryopreserved in the name of the commissioning couple when the requisite amount is paid otherwise the same would be discarded.



- c. Any deviation from the above points needs confirmation of the Director – Gynaecology and Fertility.
 - d. Third party Embryos may be created from sharing of Oocyte donor. The number of recipients will be limited to two recipients for this purpose. The aim is to ensure at least 2 Grade1 / Grade 2 embryos to a recipient. A minimum of seven (07) M2 Oocytes should be available for each recipient. In case the requisite number of Oocytes is not obtained then all the oocytes retrieved will be fertilized with one donor semen sample, to be offered to only one recipient. If the requisite number of Oocytes is available then both sets of Oocytes would be fertilized by separate donor semen samples. The two distinct set of Embryos would be reserved only for the respective recipients as long as they pay the requisite cryopreservation charges, else the same will be discarded.
 - e. The clinic should not develop any embryo donation bank. Embryos for ED cycles will be created only for patients registered for ED in that batch
 - f. In case the ED recipients cycle is cancelled due to unavoidable circumstances and the voluntary oocyte donor stimulation has already commenced, the embryos developed thereof should be cryopreserved for the ED recipient couple only.
 - g. Couples with successful IVF/ICSI pregnancies should not be advised to donate their embryos to a needy couple. Since in current ICMR - consent for fate of embryos doesn't have any option of donating patient embryos
3. Use of Donor Oocytes
- a. Patients Oocytes would not be used for Donor purpose (as donor Oocytes).
 - b. Sharing of Donor Oocytes –As the number of Oocytes retrieved is unpredictable therefore the allocation of Oocytes to each Recipient is also unpredictable. Hence MLSPL will not encourage sharing of Oocyte donor between couples.
4. Surrogacy
- a. In a case requiring Surrogacy, the same will be done as per the ICMR guidelines.



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- b. All Couples requiring Surrogacy should enter into a surrogacy agreement with the Surrogate and her husband. The agreement must be notarized.
- c. A surrogate shall not act as oocyte donor for the same patient in a given cycle
- d. Surrogate shall not act as oocyte donor for another patient in a given cycle
- e. A couple shall not have the service of more than one surrogate at a given time
- f. A couple shall not have simultaneous transfer of embryos in the patient and in the surrogate.
- g. Surrogacy shall not be combined with donor embryos.

5. Handling of frozen semen

- a. For frozen Semen samples of the male partner of a commissioning couple, if the couple is not able to pay the requisite charges for freezing then intimation should be given to the couple in writing at the end of the period for which the charges have been paid. The semen sample would be preserved for a grace period of three (03) months after which if the requisite charges are not paid the sample would be discarded

6. Handling of Frozen Embryos

For frozen Embryos of a commissioning couple, if the couple is not able to pay the requisite charges for freezing then intimation should be given to the couple in writing at the end of the period for which the charges have been paid.

The intimation is in form of letter sent to the patient, letter should be sent through Registered post only, with an acknowledgment as well. A minimum of two registered posts should be sent in case there is no response from the patient.



Before sending any letters to the patient, the Andrologist should crosscheck the frozen embryo numbers with the embryology and patient notes. Moreover, this should be verified by the visiting Embryologist.

7. Transport of Gametes and/or Embryos to/ from any outside clinic (third party)

- a. Morpheus Life Sciences PVT Ltd or any Morpheus Fertility Clinic would not undertake the transport of genetic material (gamete/embryos) from any outside clinic in the frozen or non frozen state. The responsibility to undertake the same would lie with the Couple seeking treatment. The couple would be solely responsible for the authentication of such gametes / embryos i.e. would have to produce a certificate stating the origin of the embryos, the grading of the embryos, the stage at which they were frozen and the freezing technique and freezing media used. The couple would be directly responsible for the maintenance of the conditions required for transporting such genetic material. The unpredictable outcome of such transport and subsequent thawing would be explained to the couple and an undertaking to same effect would be taken before hand.
- b. Morpheus Life Sciences PVT Ltd or any Morpheus Fertility Clinic would not undertake the transport of genetic material (gamete/embryos) to any outside clinic. The responsibility to undertake the same would lie with the Couple seeking treatment at another clinic. The couple would have to produce a request letter from the Gynaecologist where she intends to take future treatment on an official letter head. Details regarding the authentication of such gametes/ embryos i.e. would be provided stating the origin of the embryos, the grading of the embryos, the stage at which they were frozen and the freezing technique and freezing media used. The couple would be directly responsible for the maintenance of the conditions required



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for transporting such genetic material. The unpredictable outcome of such transport and subsequent thawing would be explained to the couple and an undertaking to same effect would be taken before hand.

Prenatal sex determination and sex selection is illegal in India and not done in Morpheus IVF Centers